

**Office of Public Affairs
American Embassy
Kingston, Jamaica**

Date: _____
month/day/year

BIOGRAPHIC DATA

Name: _____
Surname First Middle

Maiden Name: _____

Home Address: _____

Home Tel _____

Business Name
and Address: _____

Business Tel: _____ Business Fax: _____

E-Mail address: _____

Program being
considered for: _____

Specific Areas of
Interest _____

Program Dates _____

Sex: Male Female Date of Birth _____

Nationality *(include any previous nationality)*: _____

Current Position _____

How long in position *(indicating starting date)*: _____

Describe Duties and Responsibilities: _____

Academic and Professional Training (include institutions, years and degrees earned):

Significant Past Positions (Dates and responsibilities):

Other Languages spoken:

Honors and Memberships (Professional, Social, Sports, Academic, etc.):

Publications:

Spouses Name:

Childrens' Names and Ages:

Travel Abroad: Where? When? Business or Pleasure? *(Dates especially important):*

Please list any U.S. Government grants received:

Person to be contacted in case of emergency (name, address and phone number):

Dietary Restrictions:

Non-Smoker

Smoker